



## Volunteer Services Inpatient Tower 1K311

### Minimum Requirements For ALL Adult Volunteer Applicants

- A sincere interest in volunteering in a hospital setting
- At least 18 years of age
- A complete application including a permanent home address with original signature
- Must reside in Los Angeles County
- Two (2) Southern California non related references
- Your commitment of 200 hours of volunteer service in areas where service is needed and be able to volunteer consistently and complete the program in one year or sooner with a minimum of one 4 hour shift per week, on a weekly basis until the 200-hours commitment is met
- Attend a mandatory **8-hour Saturday** General Orientation and Department Specific Training
- Must be able clear background check by the Department of Justice (DOJ) through LAC+USC Medical Center Human Resources Department
- Must be able to Clear Employee Health Clearances (EHS) Or Submit health clearance information TB test, immunizations, titers from personal medical provider to Employee Health Services for final clearances
- Must be able to complete all clearances and begin volunteering within 45 days from formal acceptance

### Academic requirements for DEM and College General Adult Volunteer Programs

- Must be currently enrolled in college pursuing a career in the *health care field* and Must attach current **unofficial** transcripts with your application with a minimum cumulative GPA of 3.0 OR
- If you have graduated from a four-year college within last year or graduated with a non-health care related field: Must Include a copy of your college degree with your application OR
- Include unofficial transcripts and current verification of enrollment in College with a minimum cumulative GPA of 3.0 OR
- Include verification of enrollment in a Community College / Trade School to gain pre-requisites in a health care career with a minimum cumulative GPA of 3.0 in a OR
- A copy of MCATs or GRE Scores taken within the past 12 months.

### General Adult or Senior Volunteer requirements

- Must be of retirement age and include a copy of college or high school diploma or equivalency or Trade school Training OR
- Must include current or past community involvement original verification letter on official community agency / business or company letterhead OR Acknowledgement certificates, diplomas, references or current letters of recognition

**LAC+USC MEDICAL CENTER**  
**Volunteer Service Department**  
1200 N. State Street, Inpatient Tower -1K-311  
Los Angeles, CA 90033  
(323) 409-6945

**OFFICE USE ONLY**

Vol. #

**VOLUNTEER APPLICATION**

**Date**

1. Name- Last		First		Middle	SS #		Sex    F <input type="checkbox"/> M <input type="checkbox"/>		Birth Date		
2. Local Home Address    (no PO Box) Number		Street		Apt. #		City		State		Zip Code	
3. Home phone number		Business/message phone		Cellular phone number		E-mail address					
4. Medical Insurance    Name & Policy Number				Physician's Name				Phone Number			
5. Name of School    past or    Presently Attending-must provide verification				Address				GPA	Graduation Year	Degree	
6. Previous Volunteer Experience				Duties						Length of time	
7. Hobbies/sports or personal    talents				8. Are you interested in the Health Care field?    If yes, what discipline?    If no, what is your career choice?							
9. List any Technical skills    /Creative skills/other Talents or skills you have				10. Explain your interest in Volunteering?							
11 . Name of friend or relatives Volunteering or Employed by LAC+USC				12. Why do you wish to volunteer at LAC+USC Medical Center?							
13. Type of Volunteer program applying for? Check one ONLY    Other _____ DEM _____ Outpatint Clinics _____ Inpatient Care _____ Office Clerical _____ Child Care _____ Retired Senior _____ Guest Services _____ Other				14. Type of Volunteer assignment preferred?    Are you confortable volunteering    and interfacing with Patients?							
15. Is there a particular Type of    assignement or Volunteer duty you would prefer to do?				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
				please list	days and times	shift available	Must be a	minimum of	One 4 hour shift	per week	
16. Provide TWO local (Southern California) references. Do NOT use relatives or people living with you. You may use teachers, employers, clergy, etc.											
Name		Address		Number		Street		City		Zip-Code	
1.											
Name		Address		Number		Street		City		Zip-Code	
2.											
17. List two Emergency Contacts:		Relationship		Phone No.		Home		Work		Cellular	
Name										Pager	

18. Present/Last Employer		Payroll Title	Length of Employment	Duties
Address	City	State	Employed currently? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, Reason for leaving. If YES, may we contact your employer?

19. Have you ever been fired or asked to resign? ☐ YES ☐ NO  
If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination

20. Have you ever been convicted of a misdemeanor or felony by a criminal or military court ☐ YES ☐ NO

If "YES," please complete the Record of Convictions section below. List all convictions. Attach an additional sheet if necessary.

OTHER NAMES USED		DATE OF BIRTH		Month	Day	Year
SOCIAL SECURITY NUMBER						
OFFENSE or CASE NAME (Give Penal or other code section if known)						
CASE NUMBER				LOCATION OF COURT		City
						State
CONVICTION/ORDER DATE				Month	Day	Year
				SENTENCE or FINE		

I hereby certify under penalty of perjury, that all statements made in connection with this application for volunteer work are true to the best of my knowledge. I hereby authorize the LAC+USC Healthcare Network Volunteer Services Department to obtain records of my criminal convictions from the California Department of Justice or any other agency that collects such records.

I understand that my Volunteer commitment will be for 200 hours minimum.

Applicant Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

	Date	BY	Comments
Received/Reviewed:	_____	_____	_____
References Sent:1st &2nd	_____	_____	_____
References Received:1st& 2nd	_____	_____	_____
References Resent:	_____	_____	_____
Interview:	_____	_____	_____
Accepted/Program :	_____	_____	_____
Sent to Livescan Fingerprints:	_____	_____	_____
Health Screening:	_____	_____	_____
Orientation scheduled :	_____	_____	_____